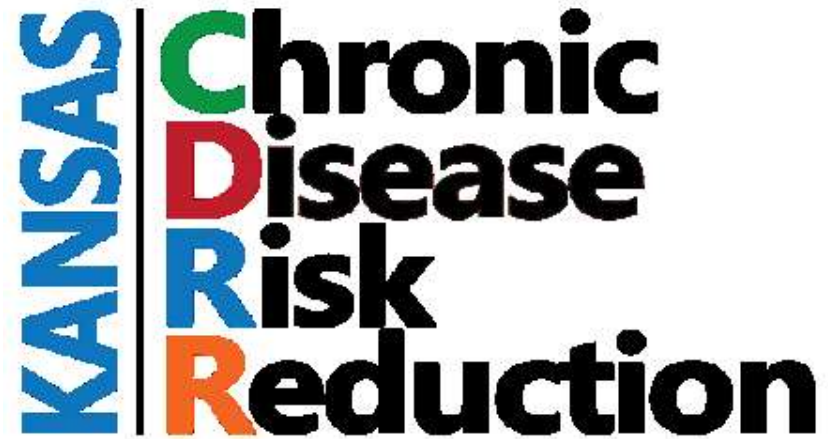


Welcome and  
Overview

Communications

Application  
Instructions

Q and A



**FY20**

Goal 1

Goal 2

Goal 3

Goal 4

Goal 5

# Welcome and Overview

- Introductions
- Q and A—use note cards to write down your questions
- Mission of CDRR:

**Promote Healthy Communities through policies, systems and environmental changes that support and promote:**

- ❖ Tobacco use prevention and dependence treatment
- ❖ Access to healthy foods and physical activity opportunities
- ❖ Chronic disease management



# Community Health Promotion

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Jennifer Church, Section Director

Shannon DeVader, Epidemiologist

Carol Cramer, TUPP Manager

Warren Hays, Physical Activity and Nutrition Manager

Emily Carpenter, Physical Activity and Nutrition PH Educator

Matthew Schrock, Cessation Coordinator

Jordan Roberts, Community Health Specialist, NE & Youth Manager

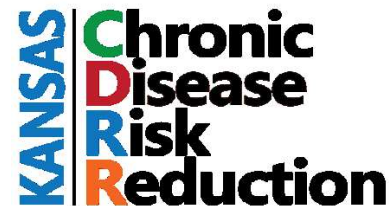
Courtney Koenig, Community Health Specialist, SE

Lisa Frey Blume, Training and Outreach Coordinator, SC

Kathy Albert, Community Health Specialists, W

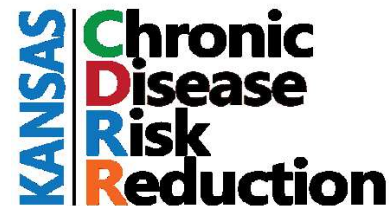
Halee Stevens, Media and Policy Coordinator

Phillip Harris, BHP Communications Coordinator



# Priority Goal Areas

- **Goal 1:** Prevent initiation of tobacco use among young people
- **Goal 2:** Eliminate nonsmokers' exposure to secondhand smoke
- **Goal 3:** Promote quitting among adults and young people
- **Goal 4:** Increase physical activity, access to healthy foods, and community resiliency
- **Goal 5:** Increase the ability of those with chronic disease to manage their condition(s)



# Planning/Capacity and Implementation Phases

- Planning Phase
  - Apply for a Planning/Capacity Phase if:
    - Community does not have an active coalition focused on community health
- Implementation Phase
  - Community has an active coalition
  - Tobacco work plan required
- Both phases
  - Coalition or sub-committee focused on tobacco use prevention





# Eligible Expenses

- Salary
- Travel
- Professional development
- Supplies
- Campaigns/media
- Signage (e.g., wayfinding, trail markers)
- Consultants, contractors
- Facility, equipment rental
- Speaker fees
- Educational materials



# Ineligible Expenses

- Food (e.g., meals, snacks for meetings)
- Direct services (e.g., tobacco cessation, nutrition counseling)
- Medications
- Lobbying
- Incentives (e.g., water bottles, t-shirts)
- Capital equipment/infrastructure (e.g., concrete, asphalt)



# Match

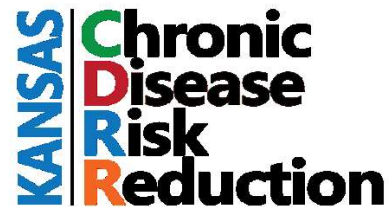
- 25% match required for every dollar awarded
- Examples of match:
  - Other grants that support / complement / supplement workplan
  - In-kind staff time
  - Food provided by local organizations for meetings





# IMPLEMENTATION

**Chronic Disease Risk Reduction Request for Proposal Guidance and  
Application Process**



# Overall Tips for Application

- Picking a Workplan
  - Do your homework, e.g., what policies already exist at the school, park, etc.?
  - Data driven priorities
- SMART Objectives – 1 and 3 year
  - What measurable objective do you hope to accomplish this year, in 3 years?
- Action Steps
  - 5-10 logical steps (don't get too much in the weeds)
- Required versus additional performance measures with data sources



# Evidence and Long-Term Impact Narrative

## Checklist

- ✓ Evidence based
- ✓ Policy System or Environment Change
- ✓ Synergy with existing community initiatives
- ✓ Health Equity



# Goal 1: Prevent initiation of tobacco use among young people

1. Increase the number of youth engaged in tobacco control efforts.
2. Increase the number of communities that adopt, strengthen and enforce policies that restrict youth access to tobacco products.
3. Increase the number of schools or school districts with 100% tobacco-free policies and plan for enforcement
4. Increase the number of colleges/universities with 100% tobacco-free policies and plan for enforcement





Increase the number of youth engaged in tobacco control efforts.

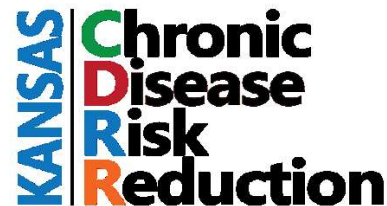


### Annual Year SMART Objective

Increase the number of youth trained in the Taking Down Tobacco curriculum either online or in-person from 0 to 40 by June 30<sup>th</sup>, 2020.

### Multi-Year SMART Objective:

Increase the number of youth who have completed all of the Taking Down Tobacco Become a Trainer courses from 0 to 15 by June 30<sup>th</sup>, 2022.





# Increase the number of youth engaged in tobacco control efforts.

1. Coordinate with Jones County School District to recruit for youth to establish Resist Chapters at both Sunshine High and Starlight Middle School.
2. Submit completed Resist Chapter Form to Resist Program Manager.
3. All members of Resist Chapter will complete Taking Down Tobacco/101 via online course or in-person training provided by Resist Council Member, a certified Taking Down Tobacco trainer.
4. 3 members of Resist Chapter will complete Taking Down Tobacco Become a Trainer's online courses.
5. Each Resist Member who completes the Become a Trainer courses will train at least 15 youth in the Taking Down Tobacco 101 course in-person at both Sunshine High and Starlight Middle School.
6. Request reports quarterly from the Campaign for Tobacco Free Kids for all Taking Down Tobacco online knowledge and action courses for Jones County, Kansas.
7. Create a tracking process to analyze data reports provided by the Campaign for Tobacco Free Kids to quantify the number of Youth trained through Taking Down Tobacco.



# Goal 2: Eliminate nonsmokers' exposure to secondhand smoke

- 1) Increase the number of multi-unit dwellings with smoke-free policies in combination with cessation support.
- 2) Increase the number of tobacco-free policies in settings where people gather (e.g., parks, trails, farmers markets, sports arenas and outdoor work areas).
- 3) Increase the number of organizations (childcare providers and those organizations that serve families with young children) that provide education on the dangers of secondhand and third hand smoke exposure.



Secondhand Smoke (3) – Increase the number of organizations (childcare providers and those organizations that serve families with young children) that provide education on the dangers of secondhand and third hand smoke exposure.



## **Annual SMART Objective**

By June 30<sup>th</sup> 2020, two trainings will be held in Koenig County to educate organizations serving families with young children on the dangers of secondhand smoke and third hand smoke exposure.

## **Multi-year SMART Objective**

By June 2023, two organizations serving families with children 0-5 years old will make policy or systems change to address secondhand and third hand smoke.



# Secondhand Smoke (3)

## Action Steps:

1. Create a log of all organizations in Koenig County that serve children from 0-5 years of age.
2. Continue to develop relationship with target organizations.
3. Research local existing training opportunities that exist for organizations.
4. Develop agenda for each of the two trainings.
5. Find speakers and partners to help host trainings.
6. Advertise and recruit organizations to come to the training.
7. Provide resources and follow up after the training.
8. Provide support in implementing policy or systems change.



## Goal 3: Promote quitting among adults and young people

1. Promote adoption of the *Kansas Tobacco Guideline for Behavioral Health Care* by behavioral health care facilities.
2. Establish tobacco dependence screening, referral and treatment systems within clinics.
3. Establish tobacco cessation screening, referral and counseling systems targeting healthcare providers serving women during the perinatal period.
4. Number of individuals referred to the Kansas Tobacco Quitline phone or web-based service by a healthcare professional.





Cessation (3) - Establish tobacco cessation screening, referral and counseling systems targeting healthcare providers serving women during the perinatal period.

By June 30, 2020 increase the number of women who participate in SCRIPT<sup>®</sup> or BMTF program from 5 to 50.

By June 30, 2022, increase the number of health care provider organizations that implement evidence-based perinatal focused smoking cessation programs from 0 (0 of 4) to 2 (2 of 4) clinics.



# Establish tobacco cessation screening, referral and counseling systems targeting healthcare providers serving women during the perinatal period.

## Example Action Steps

- 1) Establish and coordinate a local MCH coalition that includes clinical care providers
- 2) Provide information to clinical care providers on the SCRIPT® or BMTF program
- 3) Host SCRIPT® or BMTF programs at the local health department
- 4) Recruit women participating in the WIC program to enroll in the SCRIPT® or BMTF program
- 5) Promote the SCRIPT® or BMTF program at Community Baby Shower events



# Programs, Training and Resources

## Programs and Training

- SCRIPT
- Baby and Me Tobacco Free
- Program Integration Training
- Brief Tobacco Intervention
- Tobacco Treatment Specialist

## Resources

- Tobacco Cessation Integration Toolkit
- Aid-To-Local Grantee Guidance
- Catalyst and DAISEY Evaluation Systems





Goal 4: Increase physical activity,  
access to healthy foods, and  
community resiliency





## Support Healthy Food Systems and Improved Access to Foods in Community Settings

- Form a food policy council, or advance one or more food policy council priorities through policy, systems, and environmental changes.
- Establish new farmers markets, expand farmers markets, or promote use of SFMNP, FMNP, SNAP-EBT, and DUFB at farmers markets





Nutrition (1): Support healthy food systems and improved access to foods in community settings by forming a food policy council , or advancing one or more priorities through policy, systems, and environmental changes.

#### Example SMART Objectives

Multi-year Smart Objective - By June of 2025, increase the number of school districts purchasing > 25% of their fruits and vegetables for summer feeding programs from local producers from 0-3.

Annual Milestone - By June of 2020, create 1 directory of regional (North Central Kansas) wholesale producers of local foods (fruits, vegetables, herbs, nuts, meats, dairy).

#### Non-SMART Objective

Get school districts to buy local foods



*Nutrition (1): Support healthy food systems and improved access to foods in community settings by forming a food policy council , or advancing one or more priorities through policy, systems, and environmental changes.*

Example action steps for chosen strategy

1. Register my Food Policy Council into the Johns Hopkins Food Policy Networks directory.
2. Develop relationships with partner school districts that are the intended audience of the wholesale producers directory
3. Engage school districts and community in discussion for development of the structure of the directory
4. Identify local producers (of fruits, vegetables, herbs, nuts, meats, dairy) and collect information for directory
5. Format and compile information into the directory
6. Distribute and promote the directory to partners school district partners developed during planning and other partners interested in farm to plate efforts (hospitals, restaurants)





## Promote Physical Activity and Active Transportation in Community Settings

1. Form or strengthen bicycle & pedestrian advisory committee(s) to coordinate local community design policy efforts and awareness activities
2. Plan and/or implement policy, systems, and environmental changes to increase public access to services and resources through destination-based routes
3. Implement a creative placemaking/repurposing infrastructure project to encourage physical activity and economic resilience



*Physical Activity (2): Plan/implement PSE changes to increase public access to services and resources through destination-based routes*

Example SMART objectives

Multi-year SMART Objective: by June 30, 2023, increase the number of Fillmore County jurisdictions that have adopted master plans (bicycle, pedestrian, parks, and/or trails) from 2 to 5.

Annual Milestone: by June 30, 2020, increase the number of Fillmore County jurisdictions that have adopted a master bicycle and pedestrian plan from 2 to 3.

Non-SMART objective:  
Improve active transportation in the community.





## Physical Activity (2): Plan/implement PSE changes to increase public access to services and resources through destination-based routes

### Example action steps for chosen strategy

1. Partner with organizations/activists interested in developing a plan.
2. Develop relationships with decision-makers.
3. Lead community engagement efforts for buy-in and input on plan.
4. Finalize the plan with partners and community stakeholders.
5. Promote adoption of the plan by City Council.
6. Get on the City Council agenda for a vote on the plan.



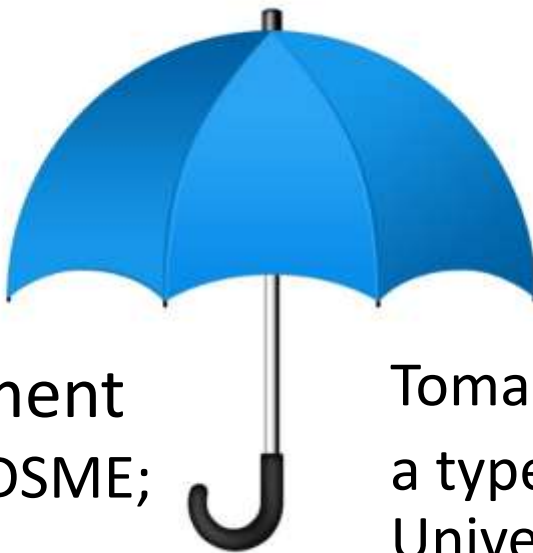


Goal 5: Increase the ability of those with chronic disease to manage their condition(s)

Promote and coordinate the expansion of CDSME programming opportunities and their reach



# Chronic Disease Self-Management Education (CDSME)-broad, umbrella term used for a variety of chronic disease self-management programs



Chronic Disease Self-Management Program (CDSMP) – a type of CDSME; developed by Stanford University;

Tomando Control de su Salud – a type of CDSME; developed by Stanford University; Spanish version of CDSMP



*A partnership for better health*



# Promote and coordinate the expansion of CDSME programming opportunities

*Example SMART Objectives:*

*Multi-year SMART Objective:*

By June 30, 2022, the number of health care providers referring patients to CDSME will increase from 0 to 4.

*Annual SMART Objective:*

By June 30, 2020, the number of organizations delivering CDSME workshops consistently will increase from 1 to 3.





# Promote and coordinate the expansion of CDSME programming opportunities

## Required Action Steps:

1. Engage one or more organizations to commit to being delivery-system partners
  - 2 or more workshops
  - Designated CDSME Coordinator
2. Provide TA to local leaders and organizations while they coordinate and implement workshops.
3. Assist in marketing/promotion efforts (e.g., distribute educational materials to recruit participants, leverage earned media to recruit partner organizations and participants)
4. Assist leaders with collection and submission of workshop forms to the Kansas Foundation for Medical Care.
5. Work with KDHE CDSME Coordinator to identify and recruit **one or more healthcare providers** as referral partners.





# KGMS Application

Kansas Grant Management System - <https://khap2.kdhe.state.ks.us/kgms/>

- Administration Section – required for implementation
- Work plan opt out
- Budget

## Attachments

- Coalition Members Form
- Salary Worksheet

# Administration

## (Implementation Applicants only)

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**Administration - Select the counties to be served in the proposed Implementation work plan.**

- |                                     |                                    |                                    |                                    |                                      |                                     |                                       |                                   |                                   |                                     |
|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Allen      | <input type="checkbox"/> Cheyenne  | <input type="checkbox"/> Douglas   | <input type="checkbox"/> Grant     | <input type="checkbox"/> Jewell      | <input type="checkbox"/> Lyon       | <input type="checkbox"/> Nemaha       | <input type="checkbox"/> Pratt    | <input type="checkbox"/> Scott    | <input type="checkbox"/> Sumner     |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clark     | <input type="checkbox"/> Edwards   | <input type="checkbox"/> Gray      | <input type="checkbox"/> Johnson     | <input type="checkbox"/> Marion     | <input type="checkbox"/> Neosho       | <input type="checkbox"/> Rawlins  | <input type="checkbox"/> Sedgwick | <input type="checkbox"/> Thomas     |
| <input type="checkbox"/> Atchison   | <input type="checkbox"/> Clay      | <input type="checkbox"/> Elk       | <input type="checkbox"/> Greeley   | <input type="checkbox"/> Kearny      | <input type="checkbox"/> Marshall   | <input type="checkbox"/> Ness         | <input type="checkbox"/> Reno     | <input type="checkbox"/> Seward   | <input type="checkbox"/> Trego      |
| <input type="checkbox"/> Barber     | <input type="checkbox"/> Cloud     | <input type="checkbox"/> Ellis     | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Kingman     | <input type="checkbox"/> McPherson  | <input type="checkbox"/> Norton       | <input type="checkbox"/> Republic | <input type="checkbox"/> Shawnee  | <input type="checkbox"/> Wabaunsee  |
| <input type="checkbox"/> Barton     | <input type="checkbox"/> Coffey    | <input type="checkbox"/> Ellsworth | <input type="checkbox"/> Hamilton  | <input type="checkbox"/> Kiowa       | <input type="checkbox"/> Meade      | <input type="checkbox"/> Osage        | <input type="checkbox"/> Rice     | <input type="checkbox"/> Sheridan | <input type="checkbox"/> Wallace    |
| <input type="checkbox"/> Bourbon    | <input type="checkbox"/> Comanche  | <input type="checkbox"/> Finney    | <input type="checkbox"/> Harper    | <input type="checkbox"/> Labette     | <input type="checkbox"/> Miami      | <input type="checkbox"/> Osborne      | <input type="checkbox"/> Riley    | <input type="checkbox"/> Sherman  | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Brown      | <input type="checkbox"/> Cowley    | <input type="checkbox"/> Ford      | <input type="checkbox"/> Harvey    | <input type="checkbox"/> Lane        | <input type="checkbox"/> Mitchell   | <input type="checkbox"/> Ottawa       | <input type="checkbox"/> Rooks    | <input type="checkbox"/> Smith    | <input type="checkbox"/> Wichita    |
| <input type="checkbox"/> Butler     | <input type="checkbox"/> Crawford  | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Haskell   | <input type="checkbox"/> Leavenworth | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Pawnee       | <input type="checkbox"/> Rush     | <input type="checkbox"/> Stafford | <input type="checkbox"/> Wilson     |
| <input type="checkbox"/> Chase      | <input type="checkbox"/> Decatur   | <input type="checkbox"/> Geary     | <input type="checkbox"/> Hodgeman  | <input type="checkbox"/> Lincoln     | <input type="checkbox"/> Morris     | <input type="checkbox"/> Phillips     | <input type="checkbox"/> Russell  | <input type="checkbox"/> Stanton  | <input type="checkbox"/> Woodson    |
| <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Dickinson | <input type="checkbox"/> Gove      | <input type="checkbox"/> Jackson   | <input type="checkbox"/> Linn        | <input type="checkbox"/> Morton     | <input type="checkbox"/> Pottawatomie | <input type="checkbox"/> Saline   | <input type="checkbox"/> Stevens  | <input type="checkbox"/> Wyandotte  |
| <input type="checkbox"/> Cherokee   | <input type="checkbox"/> Doniphan  | <input type="checkbox"/> Graham    | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Logan       |                                     |                                       |                                   |                                   |                                     |

**Community Profile & Statement of Need- Provide a clear and specific description of the community that includes data from existing resources on community demographics and the prevalence of behaviors and/or chronic diseases. Provide a clear and full explanation of how the funds will benefit the community through the selected work plans.**

# Administration

## **Community Profile & Statement of Need**

Provide description of the community that includes data from existing resources on community demographics and the prevalence of behaviors and/or chronic diseases. Provide explanation of how the funds will benefit the community through the selected work plans.

## **Community Capacity**

Describe plan for staff, partnership collaboration, resources, and necessary training and tools needed to support the workplan.

## **Health Equity**

Provide details on community plan for engaging and impacting populations experiencing preventable health inequities and how your community will work to advance health equity community wide.

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Prevention (1) - Increase the number of youth engaged in tobacco control efforts. Must promote, recruit and train youth in the Taking Down Tobacco online training program. (e.g., establishment of a youth tobacco coalition/Resist chapter, establishment of youth-adult partnerships on existing tobacco coalition, counter marketing campaigns)  
Multi-year SMART Objective - Multi-year Objective must be SMART - Specific, Measurable, Achievable and Time-bound. The multi-year objective will lead to progress on required performance measures and be clearly tied to the work plan.

Annual Objective must be SMART - Specific, Measurable, Achievable and Time-bound. The annual objective should ultimately lead to progress on multi-year objective and required performance measures.

Target Population (describe and quantify the group of people this activity will help). Please use existing data sources. See list of recommended data sources found in the request for proposal.

Target Organization(s) (describe and quantify) - List organizations this activity will impact. If you plan to help students, then the organization would be the schools you plan to work with. If you want to work with employees, then the organization would be their employer.

Action Steps (5-10 steps) - Action steps are purposeful, logical and will lead to significant progress on objectives.



**Performance Measures and Data Sources** - Required performance measures for each work plan are provided here. Include data sources and baseline value for each performance measure. Applicant may list additional measures to track throughout the year to demonstrate progress. Focus on a few important measures.

|  | Data Source | Baseline Value |
|--|-------------|----------------|
| Number of youth who have completed the Tobacco 101 online training course (found at Taking Down Tobacco website - <a href="http://www.takingdowntobacco.org/training-menu">http://www.takingdowntobacco.org/training-menu</a> ).                           |             |                |
| Number of youth who have completed all of the Taking Down Tobacco Become a Trainer courses: Taking Down Tobacco 101, Become a Trainer, and The Core 4 (Messaging Matters, Activities that Kick Butts, Informing Decision-Makers, and Mastering the Media). |             |                |

**Evidence and Long-Term Impact** - Describe how work plan is evidence based, linked to sustainable policy, systems or environmental changes, shows synergy with other work in the community, and appears very likely to produce significant long term positive impact.

# Coalition Members Form

## Chronic Disease Risk Reduction Coalition Members

Coalition Name and County:

*Coalition Members and/or partners: By listing your name on this form you are acknowledging that you or your organization are an ACTIVE member of the coalition and/or a work group and that you contribute to progress in at least one of the following areas: tobacco prevention and control and physical activity/nutrition (PAN) promotion. If not affiliated with an organization simply list your name.*

Main social institutions representation:

| Sector          | Organization Name | Town represented in the county | Tobacco / PAN | Name |
|-----------------|-------------------|--------------------------------|---------------|------|
| K-12 Schools    |                   |                                |               |      |
| Faith Community |                   |                                |               |      |
| Business        |                   |                                |               |      |
| Government *    |                   |                                |               |      |
| Media           |                   |                                |               |      |
| Health Agency   |                   |                                |               |      |

\*Could be law enforcement, city administrator, etc. If working on Physical Activity and Nutrition, must include planning/transportation representation.

-continued-

# Salary Worksheet

Please complete salary spreadsheet & enter information in blue highlighted columns. Brown shaded fields will automatically populate based on information entered.

## Chronic Disease Risk Reduction Salary Worksheet

Local Agency Name:

|         | Employee Name      | Position Title | Total Hours Worked Per Week | Percent of Time Spent on CDRR Grant per Week | Total Hours Worked Per Week on CDRR Grant | Total Salary | CDRR Total Funded Salary | Percent of grant time allocated to Tobacco Use Prevention | Percent of grant time allocated to Physical Activity & Nutrition | Percent of grant time allocated to Chronic Disease Self-Management |
|---------|--------------------|----------------|-----------------------------|--|---|--------------|--------------------------|---|--|--|
| Example | Example - Jane Doe | Coordinator    | 40                          | 50%  | 20  | \$50,000.00  | \$25,000.00              | 50%   | 40%  | 10%  |
|         |                    |                |                             |  |   |              |                          | \$12,500.00   | \$10,000.00  | \$2,500.00   |
| 1       |                    |                | 0                           | 0%   | 0   | \$0.00       | \$0.00                   | 0%  | 0%   | 0%   |
|         |                    |                |                             |  |   |              |                          | \$0.00  | \$0.00   | \$0.00   |
| 2       |                    |                | 0                           | 0%   | 0   | \$0.00       | \$0.00                   | 0%  | 0%   | 0%   |
|         |                    |                |                             |  |   |              |                          | \$0.00  | \$0.00   | \$0.00   |
| 3       |                    |                | 0                           | 0%   | 0   | \$0.00       | \$0.00                   | 0%  | 0%   | 0%   |
|         |                    |                |                             |  |   |              |                          | \$0.00  | \$0.00   | \$0.00   |
| 4       |                    |                | 0                           | 0%   | 0   | \$0.00       | \$0.00                   | 0%  | 0%   | 0%   |
|         |                    |                |                             |  |   |              |                          | \$0.00  | \$0.00   | \$0.00   |

# Budget

The budget should be entered with detailed budget item descriptions and justifications. All applicants must provide a minimum of 25% match for every dollar awarded. The 25% match may be in cash, in-kind or a combination of both from county and/or public and private sources.



All Categories

Salary

Benefits

Supplies

Travel

Subcontractors

Paid Media

Other

## Salary

| + Add Budget Line  |             |         |       |                         | Refresh |
|--------------------|-------------|---------|-------|-------------------------|---------|
| EDIT               | DESCRIPTION | REQUEST | MATCH | TOTAL (REQUEST + MATCH) | DELETE  |
| No data to display |             |         |       |                         |         |
| Total              |             |         |       |                         |         |

## Benefits

| + Add Budget Line  |             |         |       |                         | Refresh |
|--------------------|-------------|---------|-------|-------------------------|---------|
| EDIT               | DESCRIPTION | REQUEST | MATCH | TOTAL (REQUEST + MATCH) | DELETE  |
| No data to display |             |         |       |                         |         |
| Total              |             |         |       |                         |         |

## Supplies

| + Add Budget Line |             |         |       |                  | Refresh |
|-------------------|-------------|---------|-------|------------------|---------|
|                   | DESCRIPTION | REQUEST | MATCH | TOTAL (REQUEST + |         |



